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ABSTRACT

This document presents materials from a course designed to teach adolescents about teenage pregnancy and parenting. The materials are organized into nine modules, each of which contains instructions on how to use the module; a pre- and post-test on the information presented in the module; a fact finder leaflet of information; and relevant activities. The module on family planning concentrates on a variety of methods for contraception and includes a chart that explains different methods of contraception; how each works; how effective each is; how each is used; and what problems, side effects, and advantages there are to each method. The module on things adolescents should know about pregnancy lists and describes various signs of pregnancy. The teenage parent module discusses consequences of childbearing and early childbearing and lists health risks to teenage mothers and their babies. The prenatal care module describes tests for mothers and babies and looks at diet and exercise during pregnancy. The module on the birth of a baby presents various aspects of labor and delivery. The postpartum module explains what to expect after the baby is delivered. The last three modules focus on child care and safety, the availability of social services, and child development. Vocabulary words and an answer key to pre- and post-tests are appended. (NB)

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ED 164 427

STUDENT FACT FINDER LEAFLET

Teenage Pregnancy

An Intensive and Critical Problem In Search of a Solution

by

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CG024355

U.S. DEPARTMENT OF EDUCATION
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TO THE STUDENT:

This course is ideal for either individual or group use. To get the best possible use and effectively understand the materials presented, the following suggestions may be helpful:

1. Carefully read the section titled "How to Use Each Module."

2. Take all pretests and check for accuracy.

3. Carefully read all assigned pages in the fact finder leaflet of each module.

4. Make use of the Vocabulary Section.

5. Follow each activity step by step. **Do Not Skip Around.**

6. Take all post-tests, allow teacher to check for accuracy and compare results to pretests.

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HOW TO USE EACH MODULE

Pre- and post-tests are designed for each of the nine modules. Before beginning to work in a module, the student must take the pre-test found on the assigned pages of the fact-finder leaflet. Upon completion of the pre-test, the student can self-check test by using the answer key found on page 62 of the fact-finder leaflet. If the student scores with 100% accuracy, he/she can begin work in the next module.

Upon completion of each module, student must take post-test and allow the instructor to check for accuracy. The pre- and post-test are the same, therefore, the student and the instructor are required to compare the results of the two tests.

I.
Family Planning

HOW MUCH DO YOU ALREADY KNOW?

Family Planning (Pre-Test I)

*Choose the best answer.

1. The word contraceptive means the ability to:

   A. have a baby
   B. conceive a baby
   C. prevent having a baby
   D. have an idea for a baby

2. The phrase "birth control" means the same as:

   A. controlling a baby
   B. giving birth to a baby
   C. having power over a baby
   D. preventing the birth of a baby

3. Contraceptives are:

   A. birth control devices
   B. ideas
   C. drugs
   D. venereal diseases

4. Which of the following is not a contraceptive device?

   A. Diaphragm
   B. DUI
   C. IUD
   D. Condom

5. Which of the following is NOT a natural contraceptive method.

   A. Withdrawal
   B. Rhythm Method
   C. The Pill
   D. Douching

6. Which of the following contraceptive devices is 100% effective?

   A. The Pill
   B. Diaphragm
   C. Condom
   D. The Word NO!

7. An effective contraceptive device that requires no doctor's prescription is:

   A. IUD
   B. condom
   C. Condom and foam
   D. sponge

8. The only birth control method accepted by the Roman Catholic church is:

   A. breast feeding
   B. withdrawal
   C. douching
   D. rhythm

9. Which one of the following contraceptives has the most side effects if used for a long period of time?

   A. The Pill
   B. IUD
   C. Diaphragm
   D. Feminine Hygiene Spray

10. All of the following are not contraceptive devices except:

   A. Douching
   B. Spermicidal jelly or cream
   C. Suppositories
   D. Feminine Hygiene Spray

CONTRACEPTIVE METHODS

What can be done to prevent teenage pregnancies? If there were a true answer to that question, there would be little need for this course. Prevention methods, along with not having sex at all, do give only one answer, but it is clearly seen that millions of teenagers today are not saying **"NO"** to sexual activity nor making good use of contraceptive methods.

You may ask yourself the question, what are contraceptive methods? The following chart will describe to you some of the different contraceptive methods that are used to prevent pregnancy. It will tell you how each one works, the effectiveness, and how to use each. It will also tell you about some of the problems, side effects and advantages of using any of each. Please read carefully with 100 percent understanding. If there are words you do not understand, please look in the word section of this module.

The word "contraceptive" is another word used for birth control. It is a way of preventing pregnancy. The following chart will help you to see and understand the different contraceptive methods that are used.

CONTRACEPTIVE METHOD - WHAT IS IT?						
"THE PILL"	INTRAUTERINE DEVICE (IUD)	DIAPHRAGM WITH SPERMICIDAL JELLY OR CREAM	SPERMICIDAL FOAM, JELLY OR CREAM	CONDOM ("RUBBER")	CONDOM AND FOAM USED TOGETHER	NO! (NEGATIVE RESPONSE)
Small tablets with two chemical actions.	A small piece of plastic with nylon threads attached.	A rubber cup used with a sperm-killing jelly or cream.	Cream and jelly comes in tubes, foam comes in spray cans or individual wrappers and is placed into the vagina.	A closely fitting rubber shaped to fit tightly over the stiff penis - protects against venereal diseases.	Protects against venereal diseases.	A choice not to have sexual intercourse.
HOW DOES IT WORK?						
Stops the flow of eggs from a woman's ovaries.	The IUD is placed into the uterus. It is not known for sure how the IUD stops pregnancy.	Fits inside the vagina. The rubber cup forms a wall between the uterus and the sperm. The jelly or cream kills the sperm.	Foam, jelly and cream kills sperm and forms a wall between sperm and the uterus.	Stops sperm from getting inside a woman's vagina during sexual intercourse.	Stops sperm from getting inside the uterus by killing sperm and stopping sperm from getting out into the vagina.	If said firmly and with feeling, it tells friends that you really Don't want to have SEX. If repeated when the pressure gets heavy it stops persons of the opposite sex from asking.
HOW EFFECTIVE IS IT?						
99.7% if used all the time, but is not effective if used sometimes.	99-99% if female looks for string all the time.	About 97% effective if used the right way and all the time, but is not effective if used the wrong way and sometimes.	About 90-97% effective if used the right way and all the time, but is not effective if used sometimes.	About 97% effective if used the right way and all the time, but is not effective if used sometimes.	Close to 100% effective if both foam and condom are used with every act of sexual intercourse.	100% effective

"THE PILL"	INTRAUTERINE DEVICE (IUD)	DIAPHRAGM WITH SPERMICIDAL JELLY OR CREAM	SPERMICADAL FOAM, JELLY OR CREAM	CONDOM ("RUBBER")	CONDOM AND FOAM USED TOGETHER	NO! (NEGATIVE RESPONSE)
HOW WOULD I USE IT?						
ONE OF TWO WAYS: 1. A pill a day for 3 weeks, stop for one week, then start a new pack. 2. A pill every day with no stopping between packs.	Check string once a month right after monthly period ends to make sure your IUD is still in the right place.	Place diaphragm and jelly or cream before sexual intercourse. Can be placed up to 6 hours before intercourse. Must stay in no less than 6 hours after intercourse.	Put foam, jelly or cream into your vagina each time you have sexual intercourse, not more than 30 minutes before-hand. Wait 8 hours before taking a douche.	The condom should be put on the pointed part of the penis before the penis goes into the vagina. After discharge the penis should be removed from the vagina immediately.	Foam must be put into the vagina 30 minutes before intercourse and condom must be put on the pointed part of the penis before going into vagina.	Say the word "NO" many times to get your point across. You can also say "NO WAY!", "ARE YOU KIDDING?". To really get your point across wear a button that say "NO!" or say "If you really loved me, you wouldn't ask."
ARE THERE PROBLEMS WITH IT?						
Must be prescribed by a doctor. All women should have a medical exam before taking the pill, and some women should not take it.	Must be put in by a doctor after a pelvic exam. Cannot be used by all women. Sometimes the uterus "pushes" it out.	Must be fitted by a doctor after a pelvic exam. Some women find it hard to put in.	Must be put in just before sexual intercourse. Some fine it messy or not handy.	Not reasonable to some men and women. Stops intercourse. May be messy. Condom may break.	Takes on more work than some cuples like. May be messy or not handy. Stops intercourse.	Only that your boyfriend or girlfriend might drop you, but if they do ask yourself what they really wanted from the relationship.

"THE PILL"	INTRAUTERINE DEVICE (IUD)	DIAPHRAGM WITH SPERMICIDAL JELLY OR CREAM	SPERMICADAL FOAM, JELLY OR CREAM	CONDOM ("RUBBER")	CONDOM AND FOAM USED TOGETHER	NO! (NEGATIVE RESPONSE)
WHAT ARE THE SIDE EFFECTS?						
Stomach sickness, weight gain, headaches, missed periods, darkened skin on the face or feeling depressed. More real problems that do not happen a lot are blood clots in the legs, lung or the brain and heart attacks.	May cause cramps, bleeding or spotting; infections of the uterus can happen. See a doctor for pain, bleeding, fever, or a bad discharge.	Some women find that jelly or cream irritates the vagina. Try changing brands if this happens.	Some women find that the foam, cream or jelly irritates the vagina. May irritate the man's penis. Try changing brands if this happens.	Not many individuals have problems with rubber. If this is a problem, Condoms called "Skins", which are not made out of rubber, may be used.	No real side effects.	Only positive ones. If you are not loaded down with a relationship you can't handle you'll have time for the whole exiciting rest of your life and you won't have to worry about getting pregnant.
WHAT ARE THE ADVANTAGES?						
Handy, very effective, does not interfere with sex, and may help relieve menstrual cramps.	Effective, always there when needed, but sometimes not felt by either partner.	Effective and safe.	Effective, safe and can be bought at a drugstore.	Effective, safe can be bought at a drugstore; very good protection against sexually transmitted infections.	Very effective. Safe & both methods may be bought at drugstore without doctor's orders. Very good protection against sexually transmitted infections.	It puts off sex relationships until you're really ready. It helps you develop strong friendships and make plans for the future.

THE RHYTHM METHOD
A NATURAL WAY FOR BIRTH CONTROL

While using one of the many available methods of birth control may be safe and comfortable for many females, there are other methods that are just as important to many others. One of these is the "Rhythm Method."

This method leaves to chance for the female to know at what time of the month she is fertile and not fertile. For most women this occurs about the same time of the monthly cycle. By having intercourse only during the time of the month when a female is the least fertile reduces her chances of becoming pregnant. The problem is predicting in advance when these times will occur.

One way is by the "Calendar" method. When ovulation occurs, which is usually halfway through a menstrual cycle, the first day of the menstrual period is counted as day one. In a twenty-eight day cycle this would be around the fourteenth day. During that day and the days after until the menstrual cycle is over would be the days to avoid having sexual intercourse.

Another way of determining the time of ovulation is by the "temperature method." This depends on the fact that a woman's temperature is usually lower before ovulation, and rises afterward. The rise begins with ovulation, therefore ruling out all chances of having sexual intercourse.

The "Rhythm Method" of birth control has two major advantages. It cost nothing, except for a special thermometer if the temperature method is used. But most important to many people is that it's the only birth control method accepted by the Roman Catholic Church. On the other hand, the rhythm method has certain disadvantages. Some women, about one out of four, have such irregular menstrual cycles that fertile periods cannot be predicted in advance. For them, this method is of little value.

II.
Things You Should Know About Pregnancy

HOW MUCH DO YOU ALREADY KNOW?

Things You Should Know About Pregnancy (Pre-Test II)

*Answer True (T) or False (F).

1. _____ You will only experience physical changes during the nine months of pregnancy.

2. _____ One of the last signs of pregnancy is missing your period.

3. _____ Frequent urination during pregnancy is cause for concern.

4. _____ Morning sickness normally lasts the entire nine months of pregnancy.

5. _____ Your breasts are the only parts of your body that are not affected during pregnancy.

6. _____ Stretch marks usually disappear after you've given birth to your baby.

7. _____ A trimester lasts three weeks.

8. _____ At the end of the first trimester, your baby is at least 10 inches long.

9. _____ There are several accurate ways to determine the sex of your child.

10. _____ The mother's chromosomes determines whether the baby will be a boy or a girl.

THE SIGNS OF PREGNANCY

Missing Your Period

The nine months of pregnancy is a period of unusual changes in the body. The most noticeable change is the stopping of your menstrual flow (your period).

If you are more than ten days past the actual date on which you should have started your period, there is a good chance that you may be pregnant. Missing your menstrual cycle is not always a sign of pregnancy; however, you should see your doctor. With a blood test, or urine sample, your doctor can effectively tell whether or not you are pregnant.

Frequent Urination

Frequent urination is an early sign of pregnancy. Pregnancy causes the urge to urinate. Although this will pass early during pregnancy, it may recur during the last few weeks of pregnancy, when there is even more pressure on the bladder from the baby.

Morning Sickness

Some females are affected by morning sickness in the early stages of their pregnancy. You may feel sick in the stomach and have an urge to vomit or both. This queasy feeling called morning sickness may last throughout the day and into the night. To reduce the symptoms of morning sickness, it is helpful to eat a piece of dry toast or a soda cracker before getting out of bed in the morning. Keep in mind that while morning sickness is uncomfortable, it is, however, a perfectly normal condition which usually lasts six to twelve weeks after the first missed menstrual period.

Sleepiness/Tiredness

Feeling sleepy during pregnancy is quite normal. The mother-to-be may feel tired and want to sleep for longer periods of time than she is used to. You should listen to your body's needs and get at least eight to ten hours of sleep a night, with naps or rest periods in the afternoon to relieve the tiredness.

Changes in Your Breasts

As pregnancy progresses, there are other signs that occur. The breasts will get larger in size, become firmer and more tender to the touch. The nipple and Areola (the dark colored area around the nipple) will darken and widen (in some cases up to three inches). The tiny milk glands in the areola will also swell and as early as the fourth month, produce a thick, yellow fluid called the collostrum (the early stage of mother's milk). During pregnancy, the nipple area should be kept as clean as possible.

Changes in Your Skin

The skin may also be affected by pregnancy. Some females experience a discoloration on the cheeks and forehead, called the "Mask of Pregnancy." Other females develop a dark line extending along the middle of their tummy called "linea nigra" (black line). Such marks and coloring are normal and will usually fade away after the birth of a baby.

Stretch marks will also appear on the breasts, stomach and thighs at some time during the pregnancy. Stretch marks look like little pink scars that appear because the skin is stretching to help the new fullness of the body. To help reduce stretch marks so that they are less seen after childbirth, you should rub them daily with baby oil or skin cream.

Changes in Your Stomach Area

As pregnancy progresses, the stomach area will begin to expand and the waist will begin to thicken. As early as the third month, an area above the pubic bone becomes soft. This is the growing uterus (womb). The uterus is the organ of a female's body in which a baby will develop for nine months until it is ready to be born. By the fifth month the uterus will have expanded to reach the navel, and then a female will "look" pregnant.

How Long is a Pregnancy?

The length of being pregnant can differ greatly from woman to woman. The average pregnancy lasts about 280 days or 40 weeks from the first day of a woman's last period. The fact is that some babies require a shorter time for developing while others need much longer.

How Does A Baby Develop?

Doctors or health experts talk about a baby's development in terms of trimesters. "Trimester" is defined as a period of time which lasts for three months.

First Trimester

By the end of the first trimester (14 weeks or 98 days), a baby is about three inches in length, and about one ounce in weight. The baby can move, but the movements cannot be felt.

Second Trimester

By the end of the second trimester (28 weeks or 96 days), a baby is about 15 inches in length and about two and one-half pounds in weight. It looks like a baby and its movements can be felt.

Third Trimester

By the end of the third trimester (42 weeks or 294 days), the baby is fully grown and ready to make his/her entry into the world.

While length and weight differ from infant to infant, usually a fully developed baby measures about 20 inches in length and weighs about seven pounds (if it's a girl) to seven and one-half pounds (if it's a boy).

A Boy or A Girl

One question that mothers and fathers alike ask: Will our baby be a little boy or a little girl?

While many people claim to be able to predict the sex of the child, the only true way of knowing is by a test which a doctor can give. Remember, however, it is the father's chromosomes that actually tells the sex of a baby.

III.
The Teenage Parent

HOW MUCH DO YOU ALREADY KNOW?

The Teenage Parent (Pre-Test III)

*Answer True (T) or False (F).

1. _____ The pregnant teenage mother has special health problems that are physical and emotional.

2. _____ The baby growing inside a teenage mother is in a most dependent and sometimes risky place.

3. _____ One out of three pregnant teenagers drop out of school.

4. _____ The teenage mother is more likely to be undernourished.

5. _____ Poor eating habits, smoking, alcohol and drug decrease the risk of having a baby with health problems.

6. _____ Low birthweight babies may have immature organ systems.

7. _____ When a teenage student becomes pregnant she is likely to continue her education.

8. _____ Teenage marriages have a much greater chance of ending in divorce.

9. _____ Teenage parents maintain many friends and are always part of a normal social life.

10. _____ An unplanned teenage pregnancy often has a very good sound and economic future.

THE CONSEQUENCES OF CHILDBEARING

If you are a teenager, a parent, or simply a taxpaying citizen, the effect of an early pregnancy on both the young mother and her infant makes teenage pregnancy one of the most pressing health, social and economic problems in the U.S. today. It is a fact that:

- Some 48,000 teenagers give birth each year.
- Almost one-eighth of all U.S. births are to teenage girls
- Babies born to young teen mothers have a higher risk of serious health problems

Statistics can be boring but the statistics on teenage pregnancy are alarming. Physical and mental birth defects affect many babies born to very young women. The high rate of teenagers having babies is a national health and social problem that demands attention.

HEALTH RISKS TO THE TEENAGE MOTHER

The teenage mother has special problems that are physical and emotional.

- The mother who is under 16 years of age is more likely than the mother aged 20-24 to suffer anemia during her pregnancy.
- She is more likely to suffer from toxemia, a condition which may cause high blood pressure, seizures and sometimes even death.
- The death rate from pregnancy complications is much higher among girls who give birth at a younger age than among older mothers.
- The teenage mother is more likely to be undernourished and suffer an early or prolonged labor.
- The death rate from pregnancy complications is much higher among girls who give birth at a younger age than among older mothers.
- The teenage mother is more likely to be undernourished and suffer an early or prolonged labor.
- Almost one half of all pregnant teenagers do not receive early (first trimester) prenatal care. Pregnant teenagers are almost three times as likely as older mothers to receive late or no prenatal care.
- Poor eating habits, smoking, alcohol and drugs increase the risk of having a baby with health problems.

HEALTH RISKS TO BABY

The baby growing inside a mother is in a most dependent, and often, risky place.

Low birthweight is the most immediate health problem. Babies born to teenagers often are too small and arrive too early. Low birthweight babies may have:

1. Immature organ systems (brain, lungs, heart)
2. Difficulty controlling body temperature and blood sugar levels
3. Mental retardation
4. A risk of dying in early infancy that is much higher than among normal weight babies

WHAT ARE THE CONSEQUENCES OF EARLY CHILDBEARING?

During the teen years you may be strongly attracted to another person. Your body may send messages that may make you want to get closer to that person. But your body won't tell you how having sex may harm your chances of having a bright, rewarding and promising future.

- Two out of three pregnant teenagers drop out of school when becoming pregnant
- Eight out of 10 who first become mothers at 17 years of age or younger never complete high school
- When teenagers marry following a pregnancy, their problems seldom decrease
- Teenage parents are often isolated from their friends and from a normal social life
- With her education cut short, the teenage mother may not have job skills
- The income of teen mothers is half that of those who first gave birth in their 20's
- The teenage mother may become financially dependent on her family and/or welfare
- Teenage marriages have a much greater chance of ending in divorce

IV.
Prenatal Care

HOW MUCH DO YOU ALREADY KNOW?

Prenatal Care (Pre-Test IV)

*Answer True (T) or False (F)

1. _____ One of the first things you should do when you become pregnant is to put yourself under a doctor's care.

2. _____ You should depend on friends and relatives for all information and advice you'll need during pregnancy

3. _____ Anemia is usually due to the lack of Vitamin B in your blood.

4. _____ Your doctor will probably not perform any blood tests until after you've had your baby.

5. _____ "Rubella" is a medical name for German Measles.

6. _____ You should have well-balanced meals planned around the nine basic food groups.

7. _____ A "craving" is a desire for strange combinations of food.

8. _____ Pregnant women should refrain from any kind of exercising.

9. _____ You should not use tampons during pregnancy.

10. _____ There is no reason why you should not wear high heels during your pregnancy.

CARING FOR MOTHER AND BABY DURING PREGNANCY

The most important thing a female should do for her unborn child during pregnancy is to put herself under a doctor's care as soon as possible.

She should see her doctor once every three to four weeks in the early months of pregnancy; later more regular visits are advisable, especially in the ninth month.

Some of the physical discomforts associated with the early weeks and months of pregnancy include:

- fatigue (feeling tired)
- headaches
- dizziness
- nausea
- vomiting
- cramps (in the leg, back and stomach)
- heartburn
- belching
- constipation
- blotching of the skin (dark spots appearing on the skin)
- swelling (of the hands & feet)
- fainting
- hemorrhoids
- varicose veins

A female should keep health doctor or health expert informed of any of these symptoms.

SPECIAL TESTS FOR MOTHER AND HER BABY

The doctor has made it his or her business to know the past and present medical history of an expecting mother. Now the same is going to be done for the unborn baby. The doctor will probably want to perform a series of blood tests on the mother-to-be in order to check her blood for certain conditions that might be present:

Rh Factor

85% of all people have this factor in their blood and are called Rh positive. The 15% who don't are called Rh negative. This is important for a doctor to know in order to avoid any possible problems during pregnancy and at the time of delivery (should the mother be Rh negative and the baby Rh positive).

Anemia

Anemia is usually due to lack of iron in your blood caused by the growing baby's needs. A doctor can correct this condition by adding sources of iron to the diet.

Rubella (German Measles)

While Rubella, also known as German Measles, is not a serious form of illness for most people, it is quite another thing for pregnant women. A doctor will want to know right away if the mother has been exposed to German Measles, especially in the early stages of her pregnancy. A special blood test called a Rubella "titer" will be ordered on her first visit.

Venereal Disease

The doctor will want to test for the presence of syphilis, and any other venereal disease which, if untreated, can do great damage to both the mother and her baby.

Remember, these blood tests are absolutely necessary to insure that a baby will be born as healthy as possible.

DIET

What every expectant mother needs is a quality diet. Her daily intake of food should provide all the important elements needed to maintain her own body and help build her baby's.

Eating several small meals a day, rather than three large ones, helps to reduce fatigue, makes overeating less likely, and controls nausea in pregnant women.

The mother-to-be should also try to avoid fattening, overly sugared, or "junk" foods that are high in calories, but low in nutritional values.

Throughout her pregnancy, she should eat well balanced meals. The following will give a good idea of what the mother-to-be should be eating during her pregnancy.

The Milk Group

The milk group supplies the pregnant woman with calcium, protein, vitamin B_2 (riboflavin) and phosphorus. She should have at least four servings a day from this food group which includes: milk, yogurt, cheese, pudding, ice cream, and cottage cheese.

Milk and milk products are a "must" in the daily dietary requirements of a mother-to-be.

Iron-Rich Foods

Since iron is important to all women, (and especially to pregnant ones!) be sure to include foods in the diet that are rich in iron. These include red meat, prunes, dried beans and peas.

The Meat Group

The meat group supplies the pregnant woman with protein, niacin, iron, and vitamin B_1 (thiamin). For this reason, the pregnant woman should have three servings daily from this food group that includes: lean meat (cooked), fish, poultry. If she is a vegetarian, other equal choices would be: eggs, cheese, cottage cheese, beans (dried), peas, peanut butter.

The Fruit and Vegetable Group

The fruit and vegetable group supplies the mother-to-be with A and C. For this reason you should have four servings from the fruit/vegetable group which includes such foods as: Grapefruit, citrus juice, orange, broccoli, apricots, cantaloupes, carrots, spinach, lima beans, lettuce, peas, sweet potatoes, turnip greens and green peppers.

The Grain Group

The grain group supplies the pregnant woman with carbohydrates, Vitamin B_1 (thiamin), iron and niacin, that are needed daily. Such food groups include: bread, muffins, crackers, rice, pasta and cereal.

Here is an example of a simple one day menu consisting of the four basic food groups.

BREAKFAST:
1/2 cup orange juice
1/2 cup oatmeal with brown sugar or honey
One cup milk (some of it on oatmeal)
Coffee or tea

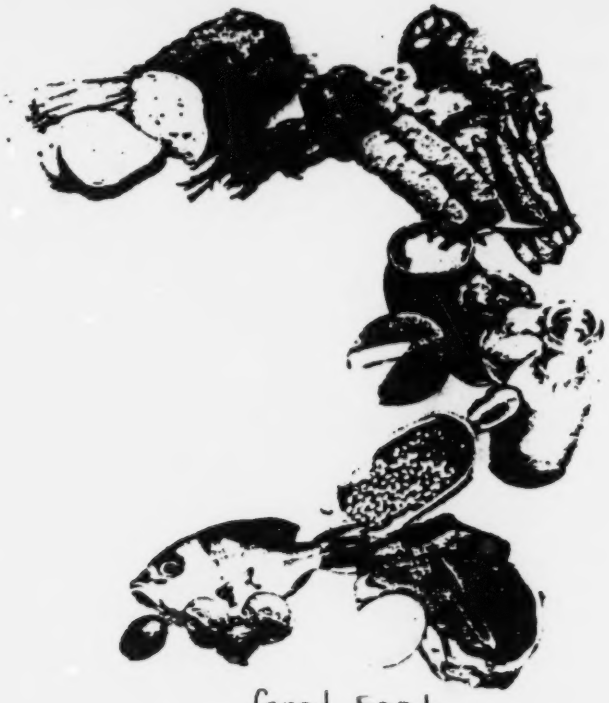
MID-MORNING SNACK:
1 1/4 ounces cheese and crackers

LUNCH:
Tuna fish sandwich on whole wheat bread, with celery, lettuce and mayonaise to taste. A small banana or other fruit. One cup of milk.

AFTERNOON SNACK:
An apple
2/3 cup cottage cheese

DINNER:
Three ounces lean roast beef
1/2 cup mashed potatoes
3/4 cup green beans
Green salad made with spinach, sliced mushrooms, carrots and radishes, with oil and vinegar dressisng
1/2 cup milk
Ice tea or lemonade

EVENING SNACK:
Two oatmeal cookies
1/2 cup milk or ice cream



Good Foods

Cravings

During pregnancy the mother-to-be may experience an intense desire for unusual food or food combinations. Some pregnant females crave strange things like chalk or starch. This type of craving is called *pica. If a female has this type of craving, she should let her doctor know about it.

EXERCISING DURING PREGNANCY

Probably the best exercise for a pregnant female is walking. Walking is an excellent way to tone up your muscles, get fresh air, keep your body regular and help you sleep soundly at night. Remember, never push yourself to the point of exhaustion.

There are several special exercises which are designed to help strengthen certain muscles and body structures for the delivery of a child. Before starting any type exercise program, however, the mother-to-be should first check with her doctor or health expert.

The following is a series of exercises which will help the mother-to-be throughout her pregnancy and after the birth of her child:

Sitting

Sitting (to strengthen muscles in your thighs and relax your lower back)

Sit on floor. Bring your feet towards the body and cross your ankles. Remember to keep your back straight. Use this position as long and as often as possible. You can sit this way while you're watching T.V., reading, or doing other types of busy work, like sewing.

Stretch

Stretch (To stretch your muscles to make the delivery position more comfortable)

Sit on the floor. Stretch your legs in front of you and spread them apart. Now stretch your arms out in front of you and reach forward to your toes. Count to three, and relax.

Squatting (To strengthen your pelvic muscles for childbirth).

Place your feet 10 to 12 inches apart. Balance yourself by holding onto a chair or table. Now squat as low as you can. Soon, your buttocks will touch your heels. Stay in this position as long as it is comfortable to you.

Squatting

Pelvic Rock

Pelvic Rock (To increase the tone of your stomach muscles)

Lie on your back on the floor. Bend your knees and slide your feet up close to the buttocks. Breathe in slowly. As you breathe out, roll both legs to one side of the body. Keep your back flat against the floor. Bring your legs back to the starting position and breathe in. Now roll your legs to the other side while breathing out. Return to the original position. Repeat three times.

Breathing Exercises

There are also certain breathing exercises which are of great value early in a mother's-to-be pregnancy and during the actual delivery of her baby. For the young female who is pregnant or considering pregnancy here are three breathing exercises for you to become familiar with.

Stomach Breathing

Lie on your back. Keep your mouth slightly open. Breathe out slowly until your stomach muscles contract. Then breathe in slowly and smoothly by lifting the upper part of your body.

Costal Breathing

Lie flat on your back. Place your hands on your ribcage at the front of your chest. Take a deep breath with your mouth closed. This kind of breathing can be a help to you when you're walking up-hill or upstairs.

Sternal Breathing

As you breathe in and out, feel your sternum (breast bone) rise and fall.

After the mother-to-be has learned how to do all three types of breathing, try to combine them; since it is this combination breathing that she will use during childbirth. After the breathing exercises are done, she should let herself go limp and relax.

PERSONAL CARE DURING PREGNANCY

Throughout a pregnancy the mother-to-be should keep her breasts in good condition. One way to do this is to hold them in her hand and rotate them gently around her chest wall to stimulate circulation. She should also make sure that her breasts are kept as clean as possible.

Take care of feet and legs. If swelling or varicose veins occur, the mother-to-be should tell her doctor. To maintain good circulation in the legs and to help prevent swelling, try not to sit with legs crossed at the knees.

During the last few weeks of pregnancy take only showers since there's less of a chance of falling and being injured.

The mother to be should keep her hair as clean and neat as possible during her pregnancy. Unless there are specific instructions from her doctor, the mother-to-be should not douche. She should not use tampons at any time during her pregnancy.

She should see her dentist regularly and keep her teeth in good condition. She should be sure to tell her dentist that she is pregnant. If dental x-rays are needed, her stomach must be covered by a lead apron.

YOUR CLOTHING

As a mother-to-be you will need to buy maternity clothes. In doing so, just remember the key word is comfort. Maternity clothes should be comfortably-fitting and easy to care for. She should wear low-heeled shoes, because as she becomes more pregnant she will have more difficulty in keeping her balance. Properly fitting maternity bras will also be helpful as her pregnancy progresses.

DO's AND DON'TS OF PREGNANCY

Here are a few sound suggestions that a mother-to-be should follow during her nine months of pregnancy.

Don't

Listen to "Old Wives tales." Get all the information you need about pregnancy from your doctor or health expert.

Overeat.

Take any drugs.

Take any medication unless approved by your doctor.

Smoke. If you must smoke, reduce the number of cigarettes as much as possible.

Drink alcoholic beverages. As little as one ounce a day may be harmful to the baby.

Have an x-ray, unless the doctor, dentist or x-ray technician is aware that you are pregnant.

Eat junk foods, or go on exotic diets.

Do

See your doctor early in your pregnancy.

Avoid all drugs.

Avoid all medication, unless specifically ordered by your doctor.

Eat a well-balanced diet.

Drink at least six to eight glasses of water a day.

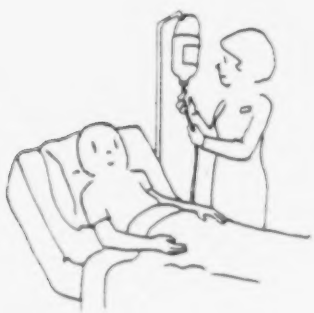
Rest, and get eight to 10 hours of sleep a night.

Exercise daily.

Report all illnesses to your doctor, as unimportant as you think they are.

Report any vaginal bleeding or discharge to your doctor immediately.

V.
The Birth of a Baby



HOW MUCH DO YOU ALREADY KNOW?

The Birth of A Baby (Pre-Test V)

*Answer True (T) or False (F)

1. _____ You should call your doctor when you think labor has begun.

2. _____ Labor contractions are irregular and intense as the labor progresses.

3. _____ At the beginning of labor, contractions may occur about 20 minutes apart.

4. _____ Bursting of the water bag surrounding the fetus is an indication that labor will soon begin.

5. _____ The second stage of labor results in the birth of your baby.

6. _____ The third stage of labor is when the placenta is delivered.

7. _____ The "show" is a small amount of discharge from the cervix.

8. _____ Labor usually comes within 48 hours after the "show."

9. _____ Placenta is another name for afterbirth.

10. _____ Normally, babies are born "head first."

LABOR

Before the actual birth of a baby, there are certain plans and provisions a mother-to-be should make to insure the least amount of problems before, during, and after delivery.

PACKING YOUR HOSPITAL BAG

About a month before your expected due date, you should prepack a bag for your trip to the hospital. There are several items that a mother-to-be should include for herself and her baby.

For your stay at the hospital you will need:

Nightgowns	**Slippers**
Robe	**Sanitary Belt and Pads**
Nursing Bras	**Socks** (feet are cold in labor)

There are also toilet articles which you may want to bring along:

Hairbrush	**Soap and Washcloth**
Comb	**Underarm deodorant**
Mirror	**Powder**
Toothbrush	**Tissues**
Toothpaste	**Shampoo**

For baby-to-be, certain items should be packed for his first few days in the hospital and his trip home:

Cap	**Gown**	**Diapers**
Shirt	**Safety pins**	**Receiving Blankets**

WHEN TO CALL YOUR DOCTOR

In general, an expectant mother calls her doctor when her labor begins. The first sign that this is happening (labor) is a rhythmical recurring contraction that is felt in the stomach. When these labor contractions have lasted one hour and are between five to 10 minutes apart, it's best to call the doctor.

If your membranes rupture (that is your "bag of water" breaks), or you have vaginal bleeding, you should call your doctor right away.

WHAT IS LABOR

Labor is the process by which a baby is prepared for delivery from the uterus along with the other products of conception: the surrounding bag of water, the membranes, and the afterbirth (placenta).

Labor begins a number of ways:

Contractions

Usually, labor begins with rhythmical contractions of the mother's uterus. At first, these contractions are irregular and intense. But as labor progresses, the contractions become more regular and stronger. The intensity of the contractions and how long they last depends on what stage of labor the mother is in. In the beginning each contraction may last no longer than half a minute apiece, and occur 15 to 20 minutes apart. But as the contractions become more and more regular and stronger, they may occur at four or five minutes apart.

The Show

Labor contractions happens after a discharge of a small amount of mucus and blood from the cervix which is called the **"Show."** In most cases, labor follows within 48 hours of the show.

Rupture or Bursting of the Waterbag

Sometimes labor begins with the breaking of the waterbag (amniotic sac) which surrounds the unborn fetus. This may be followed by a gush of water from the mother's vagina, although it may appear to be only a slow leak of water.

If this happens to you while you are away from home, it's best to go directly to the hospital. Don't worry about getting home to get your packed bag.

*A word of warning: Any bleeding, other than the "show," is serious. If bleeding occurs, lie down right away and call your doctor.

HOW LONG DOES LABOR TAKE?

The length of labor is different from woman to woman. The average length of labor for the birth of a first child is about 16 hours, although sometimes it can be very short (three hours or less) or very long (24 hours or more). Labor may take longer in some mothers-to-be than in others.

Labor may start at any time. It is divided into three parts:

The First Stage of Labor

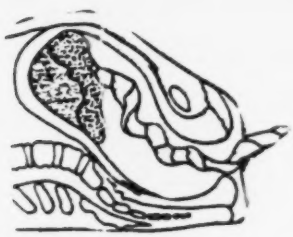
As the top part of the uterus contracts, the muscles of the lower part relax and stretch. This causes pressure on the fluid that surrounds the baby, which in turn makes the cervix (mouth of the womb) dilate (stretch) more and more. When the cervix dilates, the head of the baby comes down or passes through. This is called dilation. Of the three stages of labor, the first stage lasts the longest.

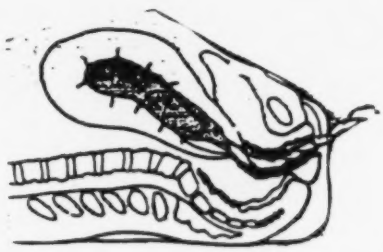
The Second Stage

After the cervix is completely dilated, the female's body begins to give birth to her baby. This second stage of labor lasts anywhere from half an hour to two hours. The contractions of the uterus help move the baby through the birth canal. Once the baby's head appears, the rest of his body follows quickly.

Now the doctor will clamp and cut the **umbilical** cord which connected the baby to the placenta and was his means of nourishment while in the womb.

The Third Stage of Labor





The third stage of labor usually lasts about 15 minutes. During this time the afterbirth, also called the placenta, is delivered. Labor is over!!!

BREECH BIRTH

The majority of babies are born head-first. Sometimes, however, the baby's position in a mother's womb may be presented differently. One of the most common differences in childbirth is a breech birth, which means that the baby presents his buttocks to the world first, rather than his head.

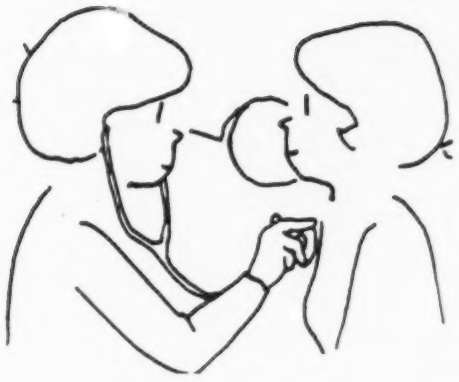
FORCEPS DELIVERY

Sometimes the baby has a problem getting through the birth canal. He may be just a little too big, or the mother's pelvis may be just a little too small. In any case, the doctor may decide to help the birth of the baby by easing him out into the world with forceps.

CESAREAN DELIVERY

When the birth of a baby shows signs of danger to a mother or child if done in a natural way, the doctor may decide to do a cesarean delivery. This means a cut is made through the stomach and the baby is removed through a second cut in the uterus.

VI.
Postpartum



HOW MUCH DO YOU ALREADY KNOW?

Postpartum (Afterbirth) (Pre-Test VI)

*Answer True (T) or False (F)

1. _____ You can return to normal activities after the birth of a baby.

2. _____ A mother's diet after birth should not be the same as the one she had throughout the nine months of pregnancy.

3. _____ The postpartum period takes from two to four weeks.

4. _____ The uterus remains stretched after delivery of a baby.

5. _____ The return of the menstrual flow is the same amount of time for all women.

6. _____ The "lochia" discharge usually lasts three to four days.

7. _____ The return of your menstrual cycle occurs immediately after birth.

8. _____ Sexual intercourse is advisable before your post-partum check-up.

9. _____ The shrinking of the uterus is called revolution and takes about three weeks.

10. _____ It is abnormal to experience emotional changes after the birth of a baby.

AFTER BIRTH

After the birth of a child the female's body begins the job of restoring itself to normal. This is called the postpartum period and it takes from six to eight weeks. Let's see what happens.

PUERPERIUM (pu-er-pe-ri-um)

The period of 42 days after delivery is called the "puerperium." During this time, the uterus and other pelvic structures begin to return to their previous conditions. The uterus shrinks and returns to its original size and shape. This is called **involution** (in-vo-lu-tion) and it takes usually about six weeks.

LOCHIA (lō kē a)

During this time the uterus will cast off its thick lining in a discharge which is called the "lochia." The lochia is very much like a female's period except that the flow is a bit heavier. It starts as a bright red flow, changing to reddish brown and finally to a yellowish white discharge. This lochia flow lasts for about three to four weeks. If there is any discharge after the fourth week, a female should inform her doctor or health expert.

LACTATION (lak-tā-shan)

Even though milk usually comes into the breasts about 72 hours after delivering a child, if it is a first child, some females may take longer. During lactation the mother's breasts are quite full of milk and are ready for nursing (if that is her desire).

THE GENITAL AREA

The vaginal opening had to do a great deal of stretching during childbirth, so it may remain sore and swollen for a few days. If an episiotomy (ipiz' ē ot' a mē) was done, which is a surgical incision and stitches afterwards, the female may experience some discomfort while her body is healing.

Before leaving the hospital, the doctor will give the mother an appointment to return for an examination in four to six weeks. It is very important that she has this examination to make sure she has returned to normal. The doctor will also give her instructions for caring for herself at home.

Because of the danger of infection he/she will probably advise the mother to avoid douches and intercourse until after her check-up. The mother may also not be permitted to take tub baths during this period; however, she should be sure to ask about it. The doctor may also suggest exercises to help the mother get her figure back. These exercises are important; however, it is also important that she follow instructions. Do not overdo the exercise.

THE BLADDER

Because the mother's bladder was pushed out of shape during the nine months of her pregnancy, she may find that it doesn't work properly at first. She may have trouble in urinating. But this should correct itself shortly. If it doesn't, she should tell her doctor or health expert.

THE BOWELS

While constipation almost always occurs for a few weeks after the birth of a child, the condition clears up after the mother resumes her normal activities. She should discuss with her doctor or health expert ways of avoiding constipation or the use of gentle laxatives to relieve it.

THE PERIOD

The return of the menstrual flow is different among women. Women who don't nurse their babies find that menstruation resumes about six weeks after childbirth. Women who breast-feed find their period returning anytime after the third month; in some cases, it doesn't recur until the baby has been weaned.

EMOTIONS

There are emotional changes a mother may also experience during the postpartum period. Because of the sudden change in her body chemistry, she may feel unusually tired and depressed during the first few days following delivery. Usually the depression requires no treatment, but there are things that can be done to lessen the feeling.

First of all, the mother must make sure she gets enough rest after the birth of her child. She should avoid becoming overtired with visitors until she feels ready for them. In general, she should take care and pamper herself.

VII.
Child Care and Safety

HOW MUCH DO YOU ALREADY KNOW?

Child Care and Safety (Pre-Test VII)

*Answer True (T) or False (F)

1. _____ The average baby goes through 300 diapers a week.

2. _____ You should always overdress your baby.

3. _____ Never leave a baby unattended on a bed or a changing table.

4. _____ Human milk is ideal food for most newborns.

5. _____ A newborn baby's temperature is not affected by changes in temperature.

6. _____ Sterilizing a bottle means that it is placed in warm water for 20 minutes.

7. _____ Any formula that is left over from a feeding should be saved for the next time.

8. _____ Colostrum is found in breast milk.

9. _____ Your baby should not be bathed daily.

10. _____ You should not start tub-bathing a baby until the navel heals.

CHILD CARING

Now that the mother has finished her stay in the hospital and is taking her new baby home, here are several suggestions which will definitely help a brand-new mother with her brand-new baby.

HELPFUL HINTS ABOUT A BABY

Because a baby's body is sensitive to the temperature of his/her environment, a mother should never overdress or under dress her baby. The clothing should be loose and lightweight. Be particularly careful when taking a newborn outdoors, because he/she will be more affected by changes in temperature than an older child would be.

As few people as possible should handle the baby because of the possibility of catching a disease. If the mother or anyone in the family has a cold, wear a protective mask over the nose and mouth while holding the baby to avoid spreading germs.

Never leave a baby unattended on a bed or changing table. He/she may accidentally roll over and fall off. It is safest to leave a baby in a crib when he/she is not being held.

WHAT A BABY WILL NEED

To set up housekeeping with a new son or daughter, there are several things needed to get started. Let's discuss some of them.

DIAPERS

There are many different types of diapers to choose from. Since the average baby goes through 70 to 90 diapers a week, the mother should buy at least six to eight day's worth of disposable diapers or four to six day's worth of cloth diapers.

OTHER SUPPLIES

Besides diapers, the baby will need other clothing:

- Gowns (3-4)
- Shirts (4-6)
- Sweaters (2)
- Bibs (4)
- Sleeping bags (2)
- Bunting (1)
- Waterproof pants (2)
- Waterproof pads (4-6)
- Safety pins (1 package)

The baby will need:

Nursing and formula equipment

Diaper bag

Diaper liners

Diaper pail

Disposable wipes

Infant thermometer

Infant/car seat (This is a necessity if the baby is going to be taken in the car. In many states, it is required by law.)

A mother may also wish to have:

Vaporizer	Baby carriage
Baby scale	playpen
Changing table	Night light
Automatic baby swing	Back carrier
Baby walker	Infant toys
High chair	Rattle
Portable high chair	Teether
Mobile	Stroller

When buying a stroller, make sure the one selected has been safety approved, is lightweight, sturdy and provides free leg movement necessary for proper joint development. The stroller chosen should have a padded safety bar that can be removed so that the infant can continue to use the stroller as he/she gets older.

Furniture and Bedding:

To get started, a baby will need two or three pieces of furniture:

Crib	Chest of drawers
Bassinet	Changing table
Mattress (firm)	

And to go along with the baby's crib:

Blankets (4-6)	Fitted waterproof mattress pad (1)
Crib blankets (2)	Fitted bottom sheets (2-3)
Bumper pads	Fitted or flat top sheets (2-3)

FEEDING THE BABY

Sleeping and eating are a newborn's two favorite pastimes. The mother and her doctor or health expert should clearly discuss the subject of feeding. Some doctors recommend feeding "on demand," that is when the baby is hungry. Other doctors prefer a "schedule" that is at regular intervals during the day and night. In either case, it's important to work out what's best for mother and child. Let's discuss the two methods of feeding a baby.

BREAST-FEEDING

Most experts agree that breast milk is the ideal food for newborn babies. It contains just the right balance of nutrients most babies need to assure growth and development, along with certain factors that help increase an infant's protection against some illnesses. Breast feeding can also help establish a special closeness between a mother and her nursing child.

HOW LONG CAN A MOTHER, OR SHOULD A MOTHER BREAST-FEED HER BABY

Unless there is some medical reason, a mother should breast feed her baby for as many months as she wants. She and her doctor or health expert can determine how long to breast-feed based on her personal desire to do so, her health and daily routine.

FEEDING INFANT FORMULA

Formula is fed in bottles to a baby as a substitute for or supplement to breast milk. If you decide not to breast-feed or if you need to miss a nursing session, infant formula should be used as the best choice during the first year of a baby's life. Infant formulas are closely patterned after breast milk to provide the nutrition babies need for growth and development. Feeding of infant formula should be continued up to the baby's first birthday.

EQUIPMENT NEEDED FOR FORMULA-FEEDING

If a mother decides to formula-feed her baby, she can use either a reusable bottle or a bottle with a disposable liner. Here is some of the equipment needed for formula feeding:

Reusable baby bottles of various sizes (glass or plastic)

Disposable baby bottles, holders and liners

Nipples

Nipple covers/bottle caps

Mixing tools

Bottle brush

Nipple brush

Strainer

Sterilizer or deep kettle

STERILIZING REUSABLE BOTTLES

The process of "sterilization" kills any bacteria or germs in a liquid by boiling it. To sterilize reusable bottles for formula-feeding, place them in a bottle sterilizer. (A sterilizer is a large pot or kettle with a tight-fitting lid, and a rack provided inside to hold the baby's bottles upright.)

THE FEEDING OF SOLID FOODS

The mother and her doctor or health expert should discuss when to start the baby on semi-solid and solid food. Usually the first solid food recommended will be a single grain cereal (rice or barley) fortified with vitamins and iron. This is often followed by straight strained fruits and vegetables (applesauce, peaches, green beans, squash). New foods should be introduced one at a time. This will make it easy to identify any food allergies your baby may have.

KEEPING BABY CLEAN

A baby should be bathed daily and there is no reason why bath time should not be a pleasant experience for both mother and child.

Tub bathing should start only after the baby's navel cord stump has fallen off and had enough time to heal (if the baby has been circumcised, this also should be allowed to heal.)

A baby's bath water should always be warm (never hot), because a baby's skin is much more sensitive to temperatures than an adult's.

A baby should be bathed at the same time every day, not only to help develop a schedule but also to help the mother plan the rest of her time.

VIII.
The Availability of Social Services

HOW MUCH DO YOU ALREADY KNOW?

The Availability of Social Services (Pre-Test VIII)

*Match the words/phrases in Column A with the definitions in Column B.

Column A	Column B
A. Family Welfare Association	1. A service that provides shelter for homeless and single pregnant women
B. The Food Stamp Program	2. A service that provides help to families with children who do not have the financial support of one or both parents
C. EPSDT - Medicaid Health Screening	3. A service that provides help to any needy resident of Daytona Beach
D. Medicaid	4. A service that provides help to those who are having trouble paying for necessary medical care
E. Children's Medical Services	5. A program that provides a shorter stay in the hospital within 24 hours after delivery and lowers the cost of hospital bills
F. WIC	6. A special food program for woman, infants and children
G. AFDC	7. A program that identifies a parent or family structure who may abuse or neglect a child
H. Child Support Enforcement	8. A service that helps people find and keep jobs
I. Nova House	9. A program that locates responsible parents who owe financial support for their children
J. The Short Stay Program	10. A service that provides a free health examination and treatment for all medicaid clients under age 21
K. WIN	11. A program that provides coupons to help increase the amount of food needy people can buy and help to ensure good nutrition
L. Child Crisis Prevention Program	12. A service that provides care for children under age 21 who have chronic, disabling medical problems

HRS/HEALTH DEPARTMENT

The Florida Department of Health and Rehabilitation Services (HRS) is a state agency that provides a wide variety of social services to the people of Florida. Most of the programs offer services that are free of charge to eligible people. Some charge a fee for service based on what you are able to pay.

Among the many services provided, the young mother has an opportunity to acquire those services that are available to her if needed. Such services available are:

AFDC - AID TO FAMILIES WITH DEPENDENT CHILDREN

Aid to Families with Dependent Children (AFDC) helps families stay together while they learn how to support themselves. It provides help to families with children who do not have the support of one or both parents. Monthly AFDC checks helps them meet the needs of these children. Some women can get AFDC during their pregnancy too.

HRS must follow set rules in giving this aid. To qualify, a child under 18 must lack the support from one or both parents. The child must also:

- -be a resident of Florida
- -be a U.S. citizen or a resident alien or a permanent U.S. resident under color of law.
- -be living with a parent or relative
- -have or apply for a social security card
- -take part in an employment and training program (if the child is age 16 or over and not in school).

The parent or adult providing a home for the child may apply for AFDC for his or her own needs. To get it the adult must:

- -meet the requirements listed above
- -help HRS find the parent(s) of the child and collect child support (unless there is good reason not to).

The family's income must be under a certain limit. Income is money that comes into the home. Income includes:

- -pay for work done
- -social security checks
- -Veteran's benefits
- -gifts
- -other money the family receives

The family's assets must not be over $1000 in value. Assets are things you own. Assets include:

-land (not your home)
-cars and trucks
-bank accounts
-some life insurance policies
-some other possessions

HOW TO APPLY FOR AFDC

You can apply for any child related to you and living in your home. You cn also apply for your own needs. Simply phone or go by your HRS Economics Service Office. A worker trained in the AFDC rules will tell you if your family can get this help.

MEDICAID

Medicaid helps people get the medical care they need. If you are having trouble paying for your necessary medical care, Medicaid can help. To get Medicaid you must:

-be a U.S. citizen or a resident alien or a permanent U.S. resident under color of law
-be a Florida resident
-have or apply for a social security card
-help HRS collect child support owed to you
-assign medical insurance payments to HRS
-have income and assets below certain limits

WHAT DOES MEDICAID PAY FOR?

Medicaid pays for:

-hospital stays
-doctor bills
-clinic visits
-prescribed drugs
-other services

Payments go directly to the health care provider. No checks will go to you.

CHILD CRISIS PREVENTION PROGRAM

The Child Crisis Prevention Program is a service that helps identify "High Risk" families. It identifies families at higher risk for child abuse or neglect.

WHAT IS "HIGH RISK?"

"High Risk" is a term used to describe a parent or family situation where there is a greater possibility for abuse or neglect of their child due to many causes such as:

- -alcohol or drug abuse
- -no prenatal care
- -teenage mother
- -poor living conditions
- -premature or handicapped infant
- -abused parent
- -socially isolated parents
- -lack of parenting skills

Child Crisis Prevention Program is a free service provided through HRS.

WIC

WIC is a special food program for Women, Infants and Children. Its purpose is to improve health by:

- -providing a mother and her children with some of the foods the body needs to be strong and healthy.
- -providing nutrition education to help a mother and her family eat better and save money on food.
- -helping a mother get into other health programs that she and her children may need.

To be eligible for the WIC Program, you must be a pregnant woman, a breast feeding mother, a new mother, an infant, or a child up to five years old.

THE FOOD STAMP PROGRAM

The Food Stamp Program provides coupons to increase the amount of food needy people can buy and helps to ensure good nutrition. This service is also offered through HRS.

CHILDREN'S MEDICAL SERVICES

Children's Medical Services (CMS) provides care primarily for eligible children under age 21 who have chronic, disabling medical problems. Local clinics or hospitals provide services in pediatrics, neurology, orthopedics, eye, ear, nose, and throat.

EPSDT

EPSDT, called "Medicaid screening," is a free health examination and treatment service for all Medicaid clients under the age of 21. It is very important in discovering health problems before they become severe. EPSDT helps children become healthy adults. It provides:

-eyeglasses
-treatment for hearing and hearing aids
-dental services

To get this screening you can go to the:

County Health Department
Private Clinics
Doctors

EPSDT - Medicaid Health Screening is **IMPORTANT**. A mother shouldn't wait until her child gets sick.

FAMILY WELFARE ASSOCIATION

The Family Welfare Association serves any needy resident of Daytona Beach regardless of nationality, creed or color and works in cooperation with all social agencies. It is the only agency in Daytona Beach set up to give immediate emergency relief and general assistance which includes help with food, medicine, milk, fuel, utility bills and other emergency needs.

CHILD SUPPORT ENFORCEMENT

The Child Support Enforcement Program locates responsible parents who owe financial support for their children. It establishes paternity, and support orders, enforces support orders, and collect and distributes support payments. This program is available to custodial parents including cases where the parent owing support lives out of state.

WIN (The Work Incentive Program)

The Work Incentive Program (WIN) is designed to help AFDC clients find and keep their job. People in this program register for work and receive special help and job training. They also may receive child care and medical assistance.

THE SHORT STAY PROGRAM

The Family Birthplace at Halifax Medical Center offers a short stay program as a way to have a comfortable, safe birth and still recover in the comfort of your home. It provides a shorter stay in the hospital within 24 hours after delivery and lowers the cost of hospital bills.

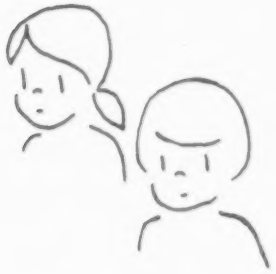
NOVA HOUSE

Nova House is a residential program that provides shelter for homeless and pregnant single women. Residents accepted into this program must be 18 or older, in or close to the final trimester of their pregnancy, free from substance dependency and compatible for group living.

Each resident is given an opportunity to develop and improve the basic skills and disciplines needed to achieve and maintain good health and responsible life management.

To find out more about any of the services mentioned, contact your local HRS office or Health Department.

IX.
Child Development



HOW MUCH DO YOU ALREADY KNOW?

CHILD DEVELOPMENT (PRE-TEST IX)

*Answer True (T) or False (F).

_____ 1. The first four weeks of a baby's life are called the neonatal period.

_____ 2. By the time a baby is six months old, he will have enough control to roll from his back to his stomach.

_____ 3. During the seventh month, a baby will be able to sit up by himself without any support.

_____ 4. A doctor who cares for babies is called a pediatrician.

_____ 5. A baby's first tooth is usually the most difficult to come in.

_____ 6. Because babies are different, their sleeping habits and needs are different.

_____ 7. Weaning means to start training a baby.

_____ 8. Any toy bought for a child should be large enough so he/she can't swallow it.

_____ 9. A child should be forced into toilet training when he/she is young.

_____ 10. When a baby starts to walk he/she should be properly fitted for shoes.

THE FIRST TWO YEARS OF LIFE

From the very first moment of conception, a mother's baby has been growing, changing and developing. During the first two years of life the developmental changes are remarkable.

The following information is meant to be used only as a guide.

Note: To make the reading material simple, baby will be referred to as "he."

BABY'S FIRST MONTH (NEONATAL PERIOD)

During the first four weeks after birth, a baby's body movements will be reflex actions. He will squirm, thrust his arms and legs out, and make fists with his little hands. If his head is unsupported, it will flop forward or backward. The baby will stare at objects but not reach for them. He will connect sight with sounds.

BABY'S SECOND MONTH

During baby's second month he will smile at you. He will move arms and legs more smoothly and try to reach at objects near him.

He will enjoy his bath. He will sleep longer at night. He will try to lift his head and begin to be a little more coordinated in his actions.

BABY'S THIRD MONTH

He will start making one syllabus sounds other than crying or burping. He will whimper, gurgle and squeal. He will drool a bit and put his hands in his mouth. He will be able to hold rattlers and teethers in his hands.

BABY'S FOURTH MONTH

During a baby's fourth month he will begin to turn his head in all directions to look around and explore his new environment. With help, he can sit up straight. He'll use his hands more. The baby will become interested in things that are close by. He will begin to tell mother from a stranger.

BABY'S FIFTH MONTH

By this time a baby can grab objects with both hands. He may move by rocking, twisting and rolling around.

He will understand his own name. He will make lots of different noises and want attention. He will be able to recognize other people in the family. Many parents start using a baby walker with their child during this month. This helps strengthen his little legs.

BABY'S SIXTH MONTH

A baby will probably be able to roll himself from his back to his tummy. He will have more control over the sounds he makes. He will be alert for a long period of time and turns when he hears his name called. He will enjoy playing games like peek-a-boo. If being bottle fed, he may be able to hold his own bottle.

BABY'S SEVENTH MONTH

While he may not be able to get into the position by himself, an infant will sit up with little support from his mother. He will balance his head. He can rock back and forth. He will be interested in squeeze toys and toys with many activities which he can look at, listen to and manipulate.

He could start chewing his fingers or sucking his thumb. He may be able to say small words like "mama" or "dada."

BABY'S EIGHTH MONTH

During this month, a baby can stand, if he leans against something for support. He will began to recognize familiar words. He may shout for attention from members of the family. He will push away something that he doesn't want or like. He may not like being confined to a crib or playpen. By this month, he maybe crawling.

BABY'S NINTH MONTH

During Baby's ninth month, he will enjoy sitting in a chair. He may also learn how to sit down from the standing position. He will listen to conversations around him. He will repeat actions. He may understand and respond to words other than his name. He maybe fascinated with looking at himself in a mirror. He may start feeding himself a cracker or a cookie. He will like playing pat-a-cake, and show interest in other people.

BABY'S TENTH MONTH

By this month a baby will begin to show moods of happiness, unhappiness, anger or fear. He will prefer one toy over another or one food over another. He may help to dress himself and will enjoy putting things into other things and taking them out again. Toys that include blocks or balls and containers will keep him busy.

BABY'S ELEVENTH MONTH

In this month, a baby will be able to squat and stoop to pick up things. He will look at picture books and enjoy it. He will obey simple commands. He will begin to show guilt for things he's done wrong. He maybe able to hold a spoon and carry it to his mouth. He will be able to say two or three words.

BABY'S TWELFTH MONTH

At this age a baby will climb up and down stairs, an maybe out his crib or playpen. He may be walking, but probably prefers crawling. As his hands and finger coordination improves, he will begin building towers with blocks and stacking toys.

He will practice words that he knows. He will remember more and will give affection to people and objects he knows.

BABY'S THIRTEENTH MONTH

At the beginning of a child's second year, he will try to communicate with you other than by crying. He'll be able to say five or six small words. He will point to things that he wants. He will also be able to stand up for a few seconds without support.

BABY'S FOURTEENTH MONTH

At this age, he is a real explorer. He's into everything. He may become frustrated when he can't finish or have what he wants. Toys with a variety of switches, buttons, and dials will help to develop his hand skills. He will also enjoy scribbling with crayons. He will love the nursery rhymes that are read to him and will try to say new words that he hears.

BABY'S FIFTEENTH MONTH

Around this time a child will begin to do things by trial and error. He feels more comfortable about walking and will enjoy using push and pull toys.

He can throw a ball while standing up. Your baby will touch and run his hands over things. He likes the company of adults and will look for them if he's left alone. He will begin using the word "no" more in his conversation, and begin to show his temper when angry.

BABY'S SIXTEENTH MONTH

During this time a child becomes aware of the fact that he is a separate person from everyone else. He can climb steps with help. He will probably discover he like watching cartoons on T.V. He follows simple commands and enjoys initiating adult behavior and acting "grown up."

BABY'S SEVENTEENTH MONTH

A child at this age may have a problem adjusting to his parents leaving him alone and start showing fear of noises, big animals or strangers. He can understand more words than he say. He is more forceful and may try to hit his parents when he's angry.

BABY'S EIGHTEENTH MONTH

Around this time a child will start to run. He can jump up and down with both feet. He will ask for things by name. "No" is every other word out of his mouth. He has a vocabulary of about 10 words. He will refer to himself by name. He may like listening and moving to music from record players, music boxes and radios.

While his attention span is short, he can remember where certain things belong. He will love to scribble. He may also begin to play with other children, but on a very simple level (like pinching them).

BABY'S NINETEENTH MONTH

During the nineteenth month a child likes to help with simple household work. He can grab things with his hands and hold onto more than one thing at a time.

He can associate things with their functions (like a radio playing music). He loves cuddling to his parents. He likes to see new places and things. He will also try new foods offered to him.

BABY'S TWENTIETH MONTH

Now he is able to kick a ball without falling. He can put a lid on a box. He will try to speak to you in sentences. He remembers what things are and what they do. He will pull anyone in his company towards whatever he wants to show them. He likes to take off his clothes and look at himself in the mirror. He loves toys that he can take apart and put back together again.

BABY'S TWENTY-FIRST MONTH

A child at this age can pile several blocks on top of one another, fit shapes together and be able to do simple puzzles. He is fascinated by small things. He can recognize himself in pictures. He uses the words "I", "me," and "mine" and knows what they mean.

BABY'S TWENTY-SECOND MONTH

At this time, a child can show ownership towards a special toy like a teddy bear or a doll. He can ask for specific foods. He may try to hum or sing his favorite tunes. He is at the age where his feelings are hurt very easily.

BABY'S TWENTY-THIRD MONTH

During this month, a child can stand on tiptoe. He has lots of energy to move around and will enjoy a toy which he can ride. He will have a vocabulary of 15 to 20 words. He will understand more words than he can speak. He will try drawing things rather than just scribbling.

BABY'S TWENTY-FOURTH MONTH

A child now has enough control to turn book pages one at a time. He imitates words he hears. He may have a vocabulary of 50 words. He loves talking on the phone and will like having a play telephone of his own. He still has no idea about sharing with anyone.

BABY'S PLAY AND TOYS

Play is one of the best ways for a baby to learn. The right kind of toy will help a child investigate and relate to the world around him. To make the most of a child's playtime, look for safe and long lasting toys, made by quality manufacturers. Remember that any toy you give a child should be large enough so that it can't be swallowed. Also, the toy should not have any parts that could break off accidentally and end up into a child's mouth. Painted toys should be covered with non-toxic, washable paint.

HOW MUCH SHOULD BABY SLEEP?

Because babies are different, their sleeping habits and needs are different. But no matter how much sleep a baby requires, he will need: a comfortable crib, a good mattress, fresh air and quiet.

WHEN SHOULD BABY BE WEANED?

Weaning means to stop nursing or bottle-feeding a baby and get him used to eating solid foods. How a baby is weaned is more important than when or why. Most doctors and health experts agree that weaning should be done gradually, by trying to cut down a little each day. The baby should also be able to hold and handle a drinking cup before he is completely weaned.

TEETHING

A baby's teeth comes in gradually. Some babies have a difficult time cutting a new tooth, especially the first one. During teething a baby will probably drool, is fussier, more irritable, and puts anything and everything into his mouth.

WHEN WILL BABY WALK?

Because babies develop muscular control and coordination at different rates, they begin to walk at different times. Whenever a child does start to walk, he should be properly fitted for shoes.

TOILET TRAINING

There are no set rules or time tables for toilet training a child. Never rush or force a child into using the toilet when he is too young. This will only frustrate him.

Appendix

Vocabulary

Answer Key

VOCABULARY

Areola - (ā rē´ o-lā). A small, dark-colored area around the breast nipple.

Breech Birth - (brēch bûrth). Also Breech delivery. Delivery of a baby with the buttocks or feet appearing first.

Cervix - (sŭr - vĭks). The month of the uterus.

Cesarean Delivery - (ce-săr´-ē-an dē-lĭv´-ĕ-rē). Delivery of a child by means of stomach surgery.

Colostrum - (ke-lŏs-trum). The first milk of the breast that comes before mother's milk.

Contraception - (kŏn-trĕ-sĕp-shĕn). The prevention of pregnancy.

Contraceptive - (kŏn´trĕ-sĕp-tĭv). A birth control agent or device.

Contraction - (kŏn-trăk´-shĕn). The tightening and shortening of muscles.

Delivery - (dē-lĭv´-ĕ-rē). The birth or expulsion of a fetus (child) from a mother.

Dilate - (dī-lāt´). The stretching and enlarging of the mouth of the uterus.

Douche - (dōōsh). The cleansing of the vagina with a liquid solution.

Episiotomy - (ĭpiz'ē-ŏt-mē). The cutting of the vaginal opening to help delivery and prevent tearing of the birth canal. Also used to avoid pressure on baby's head.

False Labor - (fôls lā´-ber). Irregular uterine contractions that are not a part of the progress in labor.

Forceps - (fôr´-sĕps). An instrument used to help deliver a baby.

Formula - (fôr´-mye-lă). A replacement or supplement to mother's milk.

Immunization - (im´-yū-nĭ-zā-shĕn). The prevention of disease by receiving shots.

Incision - (ĭn-sĭzh´-en). A surgical cut made under clean condition into soft tissue.

Labor - (lā´-ber). The three stage process of childbirth.

Lactation - (lăk´-tā-shen). The producing of milk.

Linea Nigra - (lĭn-ē-a Nī´-grăv). A dark colored line appearing on the stomach of pregnant women.

Lochia - (lō-kē-a). The normal discharge of blood and mucus from the vagina after childbirth.

Mask of Pregnancy - (măsk ŭv Prĕg-nĕn-sē). Sometimes called Cholasma - (kō-lăz-mă). The coloring that sometimes appears on the forehead and cheeks of pregnant women.

Morning Sickness - (môr´-ning sĭk´nĕss). A feeling of a need to vomit (throw up) during the early stage of pregnancy.

Neonatal Period - (nē-ō-nāt´-al pir-ē-ŏd). The first four weeks of an infant's life.

Ovulation - (ō-vye-lāt´-shen). The time of month before a woman's menstrual cycle that she becomes fertile.

Pica - (pī-ke). An abnormal desire for strange substances that are not normally eaten outside of pregnancy (like chalk).

Placenta - (plĕ-sen´-ta). An organ connected to the wall of the uterus through which the fetus is nourished by way of the umbilical cord.

Premature - (prē-me-chŏor). Born before a developing period of less than 38 weeks; a baby weighing less than 5 lbs., 8 oz.

Presentation - (prĕz´-ĕn-tā-shen). The position in which a baby is born.

Puerperium - (pyōō´-er-pĭr-ē-êm). The first 42 days after the delivery of a baby.

Rh Factor - (Rh făk´-ter). The blood result from a mother or father of a child determined by special tests.

Show - (shō). The discharge of blood and mucus from the uterus released before labor.

Sterilization - (stĕr-ĕ-lī-zā´-shen). The boiling of a liquid (like formula) or an object in water to kill any germs present.

Umbilical Cord - (ŭm-bĭl´-i-kel kord). The cord arising from the navel of the fetus that connects the unborn fetus with the placenta.

Vagina - (vĕ-ji´-na). The passage leading from the uterus to the outside opening of the genital part of females.

Water Bag - (wô-ter băg). A sac that is filled with liquid to protect the membrane of a fetus.

Weaning - (wēn ing). To get a child into the habit of taking food other than by nursing.

PRE-POST TEST ANSWER KEY

MODULE I: Answer Key

1.	C	6.	D
2.	D	7.	C
3.	A	8.	D
4.	B	9.	A
5.	C	10.	B

MODULE II: Answer Key

1.	F	6.	F
2.	F	7.	F
3.	F	8.	F
4.	F	9.	F
5.	F	10.	F

MODULE III: Answer Key

1.	T	6.	T
2.	T	7.	F
3.	F	8.	T
4.	T	9.	F
5.	F	10.	F

MODULE IV: Answer Key

1.	T	6.	T
2.	F	7.	T
3.	F	8.	F
4.	F	9.	T
5.	T	10.	F

MODULE V: Answer Key

1.	T	6.	T
2.	F	7.	T
3.	T	8.	T
4.	T	9.	T
5.	T	10.	T

MODULE VI: Answer Key

1.	F	6.	F
2.	F	7.	F
3.	F	8.	F
4.	F	9.	F
5.	F	10.	F

MODULE VII: Answer Key

1.	F	6.	F
2.	F	7.	F
3.	T	8.	T
4.	F	9.	F
5.	F	10.	T

MODULE VIII: Answer Key

1.	I	7.	L
2.	G	8.	K
3.	A	9.	H
4.	D	10.	C
5.	J	11.	B
6.	F	12.	E

MODULE IX: Answer Key

1.	T	3.	T	5.	T	7.	F	9.	F
2.	T	4.	T	6.	T	8.	T	10.	T